

**National Institutes of Health
Warren Grant Magnuson Clinical Center
Nursing Department**

SOP: Care of the Patient Pre & Post Native Renal Biopsy

Background Information:

Kidney biopsies are performed for diagnostic purposes to define renal pathology, clarify treatment issues and to explore renal involvement in a variety of chronic diseases. Native kidney biopsies may be done in either Special Procedures or CAT Scan.

I. Pre-Procedure

A. Assessment

1. Assess for conditions which may increase risk of complications: coagulopathy, thrombocytopenia, uncontrolled hypertension, or medications which may increase risk for bleeding (Coumadin, Heparin, Enoxaparin, NSAIDS, ASA).
2. Obtain baseline vital signs (TPR, BP, weight and pain scale).
3. Assure completion of CBC/Diff, Acute Care Panel, PT/PTT, Type & Crossmatch, UA and Urine Culture within 24 hours of procedure. Report any abnormal values.
4. Assess for ability to cooperate with the procedure: no cough, ability to hold breath and deep breathe and ability to achieve supine position.

B. Interventions

1. Verify completed consent in chart.
2. Ensure renal biopsy tray obtained from CHS to go with patient.
3. Complete patient teaching regarding renal biopsy.
4. Verify patient is NPO after MN.
5. Assure serial BP's q1hour X 4 completed if ordered.
6. Have patient void immediately prior to the biopsy.

II. Post-Procedure

A. Assessment

1. Assess biopsy site for bleeding, swelling, skin color changes, and pain upon return to unit.
2. Assess vital signs (TPR, BP) q15min for two hours, then q1hour for four hours, then q4hr.

B. Intervention

1. Maintain bedrest for 24 hours post-procedure. Patient must lie on back for the first four hours and then may raise HOB to eat or use bedpan.
2. Discourage straining, reaching, coughing, or laughing for the first four hours.
3. Offer pain medications as needed.
4. Observe for gross hematuria.
5. Obtain CBC four hours post biopsy and notify MD of significant change from pre-biopsy results.
6. Repeat CBC at 24 hours. If results stable, allow patient OOB.
7. Check the dressing and change to Band-Aid.

IV. Documentation

- Document in MIS assessments and interventions.

V. Discharge Criteria

A. Interventions

Provide DC teaching to include:

1. No strenuous activity for two weeks post biopsy.
2. Instruct patient to report any fever, pain, or gross hematuria.
3. Ensure patient is aware of contact telephone number.

References:

Lancaster, L. (ED) (1995). Core Curriculum for Nephrology Nursing. 3rd Edition. American Nephrology Nursing Association
Greenberg, A. (ED) (1998). Primer on Kidney Diseases. 2nd Edition. National Kidney Foundation. Academic Press 9-17-1999.

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